

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032338

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **149**  
FILED AUG 28 1963

Primary Registration District No. **1002** Registrar's No. **4492**

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **William Lowe Mundy** MEDICAL CERTIFICATION

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                           |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b>   |   | c. CITY OR TOWN <b>Kansas City</b>   |   |
| Length of stay in 1b<br><b>20 years</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>4934 Pennsylvania</b>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>EDITH</b> Middle <b>McCAW</b> Last <b>McCAW</b>  |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>11</b> Year <b>1963</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>5-4-73</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Marshalltown, Iowa</b>  |   |
| 13a. FATHER'S NAME<br><b>William F. Long</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Dorothea Maurer</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, <input type="checkbox"/> or unknown) <b>No</b> (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |   |
| 17. INFORMANT<br><b>Mrs. Edward A. Warner, 4934 Penn.</b>   |   | Address  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Leukemial reaction</b><br>DUE TO (b) <b>Probable malignancy colon</b><br>DUE TO (c) <b>[REDACTED]</b>                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 weeks</b><br><b>6 months</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><b>Marshalltown</b>                       |
| 21. I attended the deceased from <b>19 57</b> to <b>8-11-63</b> and last saw her alive on <b>8-11-63</b> .<br>Death occurred at <b>9:40 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE (Degree or title)<br><b>William Lowe Mundy, M.D.</b>  |   |
| 22b. ADDRESS<br><b>4643 Maryland Ave</b>  |   | 22c. DATE SIGNED<br><b>8-12-63</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>Aug. 13, 1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Riverside Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Marshalltown Iowa</b> |
| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomer's Sons, Kansas City, Mo</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-12-63</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Edith Long</b>  |   |  |   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. William Mundy  
4643 Wyandotte Street

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Raymond M. Hardy*

Licensed Embalmer No. 4913

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.